

L14 000060425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

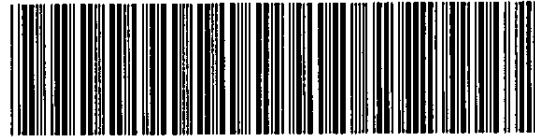
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/29/14--01018--013 **25.00

RECEIVED
OFFICE OF STATE
CORPORATION
214 MAY 29 PM 2:13
TO BE FILED
SUFFICIENCY OF FILING

FILED
14 MAY 29 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: **RICKY SOTO**

DATE: **05/29/2014**

REF. #: **9159712**

CORP. NAME: **SARASOTA CAPITLA GROUP, LLC**

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input checked="" type="checkbox"/> OTHER: STATEMENT OF AUTHORITY FILING | | |

STATE FEES PREPAID WITH CHECK# 70020989 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: Sarasota Capital Group, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000060425

THIRD: The street address of the limited liability company's principal office is:

9808 Sweetwater Avenue

Bradenton, Florida 34202

The mailing address of the limited liability company's principal office is:

9808 Sweetwater Avenue

Bradenton, Florida 34202

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: Loretta F. Luhman

b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Loretta F. Luhman

b. No authority granted to: _____

Loretta F. Luhman
Signature of authorized representative

Loretta F. Luhman, Manager
Typed or printed name of signature

Filing Fee: **\$25.00**
Certified Copy: **\$30.00 (optional)**

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TALLAHASSEE, FLORIDA